

FILED AUG 23 1944 **149**

Registration District No. _____

Primary Registration District No. **1002**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

48
3
8

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
General Hospital No. 2 **0**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **8-1-44-8-3-44**
(Specify whether years, months or days)

In this community **Unknown** **26 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Richard Foster Gaines**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **495-07-8726**

4. Sex **Male** 7

5. Color or race **Negro**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Margaret Gaines**

6. (c) Age of husband or wife if alive **69** years

7. Birth date of deceased **May 26 1877**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

67 **2** **27** hr. min.

9. Birthplace **Royal Tenn. 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **Unemployed**

11. Industry or business _____

MOTHER FATHER { 12. Name **Foster Gaines**

13. Birthplace **Tenn. 1**
(City, town, or county) (State or foreign country)

14. Maiden name **Melvina**

15. Birthplace **Tenn. 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Record Clerk**

(b) Address **General Hospital No. 2**

17. (a) **burial** (b) Date thereof **8/7/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland Cemetery**

18. (a) Signature of funeral director **Mattens Bros.**

(b) Address **1729 Lydia**

19. (a) **8-7-44** (b) **H. E. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **10**

(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL") **3**

(d) Street No. **2617 Highland**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No) **X**
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **5** year **1944** hour **5:50** minute **A.** M.

21. I hereby certify that I attended the deceased from **August 1**, 19**44**, to **August 3**, 19**44**, and that death occurred on the date and hour stated above.

that I last saw h. **im** alive on **August 3**, 19**44**.

Immediate cause of death **Cerebral apoplexy** Duration _____

Due to **Hypertension**

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature **H. E. Brown** (M. D. or other) _____

Address **Gen. Hosp. #2 600 E. 22nd** Date signed **8-5-44**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *J. J. Manlove*.....

Licensed Embalmer No. *3994*.....

P. O. Address *2573 Highland*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

- - - If this body is not embalmed, fact should be so stated above.